



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
MISSOURI TECHNOLOGY EDUCATION
GRANT AWARD PROGRAM
MID-YEAR PROGRESS REPORT FORM

PLEASE SUPPLY THE FOLLOWING INFORMATION AND RETURN BY JANUARY 4.

I. GENERAL INFORMATION

SCHOOL DISTRICT

PERSON SUBMITTING REPORT

E-MAIL ADDRESS (IF APP.)

PLEASE PROVIDE A STATUS UPDATE ON THE FOLLOWING AREAS:

1. Percentage of **funded** grant-related curriculum to be developed during the Grant year: (If Applicable) _____ %
2. Percentage of grant-related curriculum revisions during the Grant year: _____ %
3. Percentage of grant-related program in-service participated in during the Grant year: _____ %
4. Percentage of grant-related resources (other than equipment) received during the Grant year: _____ %
5. Percentage of grant-related equipment received during the Grant year: _____ %
6. What major highlights (public relations, learning, school interest) have taken place in your school district as a result of this project? (Use additional sheets if necessary)

II. PROBLEMS/OBSTACLES

OVERALL, WHAT ARE THE LARGEST PROBLEMS OR OBSTACLES ENCOUNTERED IN THIS PROJECT? (USE ADD. SHEETS IF NEEDED)

ARE THESE PROBLEMS TRANSFERABLE TO OTHER DISTRICTS? IF SO, HOW CAN THESE BE MINIMIZED DURING FUTURE GRANTS?

III. EQUIPMENT & VENDOR INFORMATION

Complete this section with all equipment purchased thus far. If any of your equipment has not arrived, please list that equipment and the phrase "not received" in the comments section (use additional sheets if needed).

EQUIPMENT PURCHASED	VENDOR	QUALITY RATING (5, 4, 3, 2, 1) 1=WOULD NOT RECOMMEND 2=POOR 3=FAIR 4=GOOD 5= EXCELLENT	
		SALES	SERVICE
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

IV. FV-4 (BUDGET INFORMATION)

Complete the following budgetary information as completely as possible. This information will be compiled to monitor the TE GAP Budget and prepare for end-of-year close-out procedures.

In past years there have been additional/unspent TE GAP dollars available at year's end. If this occurs, and if you are interested in pursuing these unspent dollars (on the standard 50/50 matching funds formula), please complete the appropriate information below.

	EQUIPMENT	OTHER (CURR., ETC.)
Approved Grant Amounts (state + local)		
Amount of Grant dollars spent:		
Amount Remaining (Equip. backordered, price cuts, etc.):		
BALANCE/DEBIT		
		YES NO
If balance exists, will you spend the remaining dollars (Y/N)? (new FV-4 required for new/previously unapproved/additional equipment)		
How much additional funding are you requesting?		\$

If additional dollars become available, list the cluster areas in which you will be spending these dollars:

MATERIALS & PROCESSES	COMMUNICATIONS	ENERGY & POWER

Please forward by **January 4** to:

State Supervisor of Technology Education
Industrial Education Section
Missouri Department of Elementary and Secondary Education
P.O. Box 480, Jefferson City, MO 65102-0480
VOICE: 573/751-7764 FAX: 573/526-4261